# IAP20 Rec'd PCT/PTO 04 APR 2006

# **Application Data Sheet**

**Application Information** 

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: No

Computer Readable Form (CRF)?:: No

Title:: MULTIPLE WEAPON SYSTEM FOR AN

ARMORED VEHICLE

Attorney Docket Number:: 12808.0036USWO

Request For Early Publication:: No

Request For Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 15

Small Entity:: No

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Moshe

Middle Name::

Family Name:: NIV

Name Suffix::

City of Residence:: Shavey Zion

State or Province of Residence::

Country of Residence:: Israel

Street of mailing address:: Shkhunat Hakhof, Shavey Zion 164

City of mailing address:: Shavey Zion

State or Province of mailing address::

Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 25227

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Shlomo

Middle Name::

Family Name:: ALKAHER

Name Suffix::

City of Residence:: Haifa

State or Province of Residence::

Country of Residence:: Israel

Street of mailing address:: 16 Tchernihovski Street

Initial 04/04/06

City of mailing address::

Haifa

State or Province of mailing address::

Country of mailing address::

Israel

Postal or Zip Code of mailing address:: 35703

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Israel

Status::

**Full Capacity** 

Given Name::

David

Middle Name::

Family Name::

**STAVITSKY** 

Name Suffix::

City of Residence::

Rishon LeZion

State or Province of Residence::

Country of Residence::

Israel

Street of mailing address::

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City of mailing address::

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State or Province of mailing address::

Country of mailing address::

Israel

Postal or Zip Code of mailing address:: 75462

**Correspondence Information** 

Correspondence Customer Number::

23552

Representative Information

Representative Customer Number::

23552

## **Domestic Priority Information**

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This is a	National Stage of	PCT/IL2004/000918	10/05/2004

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	158338	10/9/2003	Yes
Israel	161487	04/19/2004	Yes

#### **Assignee Information**

Assignee Name::

Elbit Systems Ltd.

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